



# Children's Faith Formation Registration 2021-2022

## PreK - 12<sup>th</sup> Grade

*Please fill out one packet per child completing numbers 1-5 on the form.*

<b>1. Student Information</b>			
First Name:		Middle Name:	Last Name:
Gender: <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth:	Nickname:	Grade as of Fall 2021:
Grade of last Faith Formation class attended:	School Attending:		Are you a registered parishioner? <input type="checkbox"/> yes <input type="checkbox"/> no <i>(must be a parishioner to enroll)</i>
List any allergies, medical conditions, educational or behavioral needs:			

<b>2. Sacrament Information</b>			
Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No	My child is in need of sacraments (list which ones):
<p><b><i>A copy of your child's Baptismal Certificate must be included when registering for First Holy Communion classes.</i></b></p> <p><input type="checkbox"/> Yes, my child is in second grade: I am including their Baptismal Certificate or will turn in by <b>November 30, 2021.</b></p> <p><input type="checkbox"/> Yes, my child was baptized at Holy Spirit Parish.</p> <p><input type="checkbox"/> My child is not in second grade.</p> <p><input type="checkbox"/> My child needs First Communion or Confirmation but is not in second grade. I am including their Baptismal Certificate or will turn in by <b>November 30, 2021</b></p>			

<b>3. Family Information</b>			
Father/Guardian's Name		Father/Guardian's Cell:	
Mother/Guardian's Name		Mother/Guardian's Cell:	
Family E-mail (one that you check regularly):		Other E-mail:	
Home Address:		City:	Zip:
Who does child live with?	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____	Name of Emergency Contact:	
Home Phone:	Emergency Contact (other than parent/guardians):	Emergency Contact Relationship to Child:	Emergency Contact Phone #:
Please list anyone authorized to pick up child from Faith Formation classes (must be at least 12 years old):			
Please list any additional information you would like us to know:			

#### 4. Liability Waiver (Signature Required)

I \_\_\_\_\_, as the parent or guardian for  
(Parent's Name)

\_\_\_\_\_, a minor child who is in my  
(Child's Name)

care and custody, release and discharge the Archdiocese of Mobile, Holy Spirit Parish (its pastors, employees, volunteers and agents, etc.) or any representatives associated with any ongoing scheduled activities from all damages, claims, suits, expenses, and payments for injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from negligence of the Archdiocese of Mobile, Holy Spirit Parish, and/or their officers, directors and employees. This liability waiver is effective from August 2021 to August 2022.

**Parent/Guardian Signature:**

**Date:**

#### 5. Photograph and Video Consent (Signature Required for Consent)

As the legal guardian or custodial parent of: \_\_\_\_\_,  
I grant Holy Spirit Parish to use my child's photo or video on the Holy Spirit Parish website, bulletin, or official parish social media pages for the purposes of illustrating typical activities of the parish, its youth ministry and/or faith formation program.

**Parent/Guardian Signature:**

**Date:**

#### 6. Parent Pledge (Signature Required)

In accordance with the Archbishop of the Archdiocese of Mobile, I have chosen to enroll the above mentioned child to participate in Faith Formation at Holy Spirit Parish. I understand that I, as a parent or legal guardian of the child listed above, am required to read the 2021-2022 Policies provided by the Faith Formation program. I understand to agree and abide by the guidelines, rules and regulations set forth in this document, including:

- Attendance Policy
- Arrival and Dismissal
- Pick Up Authorization
- Student Behavior and Expectations
- Class Cancellations
- Wellness/Covid Policy
- Communication
- Family Commitment

I understand that failure to comply with the family policies could bring about disciplinary actions including, in extreme cases, dismissal of my child from the Faith Formation program. I understand that I am responsible for sharing the rules, regulations and other important information in this document with my child.

**Parent/Guardian Signature:**

**Date:**

[www.holyspiritmgm.org](http://www.holyspiritmgm.org)

CONTACT INFORMATION:

334-277-1989

Office of Faith Formation

[dre@holvspiritmgm.org](mailto:dre@holvspiritmgm.org)

**ARCHDIOCESE OF MOBILE  
PARENTAL/GUARDIAN COVID-19  
CONSENT FORM AND LIABILITY WAIVER**

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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. **Holy Spirit Parish/School** will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its **Holy Spirit Parish/School** activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, **Holy Spirit Parish/School** cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the **Holy Spirit Parish/School** activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the **Holy Spirit Parish/School** activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 **Holy Spirit Parish/School** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **Holy Spirit Parish/School** employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this parish activity that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, and hold harmless **Holy Spirit Parish/School** and The Roman Catholic Church of the Archdiocese of Mobile, their members, directors, officers, employees, agents and representatives ("Indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL INFORMATION FORM

This Medical Information Form should be completed annually. It is the responsibility of the parent/guardian to inform the school or parish of any changes in the child's medical condition during the year.

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

In the event of an emergency, if you are unable to reach me at the above number, contact:

Emergency contact name (please print): \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature \_\_\_\_\_

**Other Medical Treatment:** (Please read carefully, sign all that pertain to your child.)

In the event it comes to the attention of the parish/school/institution, its officers, directors and agents, and the Archdiocese of Mobile, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Parent/Guardian Signature \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Parent/Guardian Signature \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Parent/Guardian Signature \_\_\_\_\_

**MEDICAL INFORMATION FORM  
(Continued)**

**Specific Medical Information:** The school/parish will take reasonable care to see that the following information will be held in confidence:

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_  
\_\_\_\_\_

I hereby grant permission for the listed medications to be taken by my child on the trip, if necessary.

Parent/Guardian Signature \_\_\_\_\_

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

If yes, what is it? \_\_\_\_\_

Does child have any physical or other limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, flu, etc.? \_\_\_\_\_ If yes, list date and disease or condition: \_\_\_\_\_

Additional special medical conditions of my child: \_\_\_\_\_

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_